

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017950

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4752

STATE FILE NUMBER

FILED MAY 9 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTYc. CITY
OR
TOWN ST LOUISInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. LOUIS CITY HOSP. # 1Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS 3326 TEXASReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
BARBARA

Middle

Last
MAYER4. DATE
OF
DEATHMonth
APRILDay
30Year
1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Aug. 4, 1867

9. AGE (last birthday)

95

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

HUNGARY

12. CITIZEN OF WHAT COUNTRY

HUNGARY

13a. FATHER'S NAME

NICHOLAS GRUENDLER

13b. MOTHER'S MAIDEN NAME

MARGARET GOETZ

14. NAME OF HUSBAND OR WIFE

JOHN MAYER (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

GEORGE MAYER 4061 McDONALD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

myocardial infarction

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

4201

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Gangrene @ Leg.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/29/63 2:00 PM

to

4/30/63

and last saw her
him alive on

4/30/63

Death occurred at

4:30 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mary C. Zimmerman M.D.

22b. ADDRESS

1515 LAFAYETTE AVE,

22c. DATE SIGNED

4/30/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

MAY 3, 1963

23c. NAME OF CEMETERY OR CREMATORY

SS PETER & PAUL

23d. LOCATION (City, town, or county)

ST LOUIS

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Thomas Lutus 2906 Gravois

25. DATE RECD. BY LOCAL REG.

MAY 1 1963

26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

ZIMMERMAN
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 2247

3

4 1

5 2

6

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10

11

12 75-0

13

75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Corley Thompson Jr

Licensed Embalmer No.

4861

P. O. Address

St Louis 19 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.